

VIEW Case Manager: ___ G. Robrecht
 ___ T. Ebersold
 ___ J. Perinis (Chandler)

VIEW Mileage Record

For the month of _____, 201__

INSTRUCTIONS ON THE REVERSE SIDE

Date	*Miles to Work/Training	*Miles Returning from Work/Training	Total Miles for the Day
1 st			
2 nd			
3 rd			
4 th			
5 th			
6 th			
7 th			
8 th			
9 th			
10 th			
11 th			
12 th			
13 th			
14 th			
15 th			
16 th			
17 th			
18 th			
19 th			
20 th			
21 st			
22 nd			
23 rd			
24 th			
25 th			
26 th			
27 th			
28 th			
29 th			
30 th			
31 st			

*You may include miles taking your child / children to and from the daycare provider.

Client Name (Printed) _____

Client Signature _____ **Total Miles** _____

Turn in this form to your VIEW Worker after the end of the month.

Mileage Reimbursement Instructions

VIEW participants and transitional VIEW participants with a valid driver's license who are working may file for mileage reimbursement. This program may be discontinued at any time for funding reasons, and if you file false mileage reports, you may lose your reimbursement privileges and could be penalized under the TANF program's Intentional Program Violations policy.

You may be reimbursed for the miles you travel to and from work, a VIEW activity and/or daycare. You cannot be reimbursed for traveling to the store, to visit friends or family, or for trips that are not to or from work or daycare. Turn in your mileage record after the end of the month. For example, turn in June's record at the beginning of July.

At this time, the VIEW program reimburses participants at \$.55 per mile. The reimbursement limit is \$125 for VIEW participants and \$200 for transitional participants. You can use this money for gas and routine costs such as oil changes and plates and sticker charges. These limits may change to provide service to everyone.

Each date for the month is listed in the first column. For each date you drive to work, a VIEW activity, and/or daycare, write in the number of miles traveled to work in the second column, and the number of miles home in the third column. Add those two numbers together and enter that number in the fourth column. At the end of the month, add all the numbers in the fourth column together and enter the sum in the total number space at the bottom of the form.

For example: If you worked on May 2nd, 4th, and 6th and you traveled 10 miles to get to work and then 15 miles returning from work and picking up your child from day care, you would fill in the sheet like this:

DATE	*Miles to Work/Training	*Miles Returning from Work/Training	Total Miles for the Day
1 st			
2 nd	10	15	25
3 rd			
4 th	10	15	25
5 th			
6 th	10	15	25

You would then add up the numbers in the Total Miles for the Day column and you would come up with 75 miles for the month of May. You enter this number in the total number space at the bottom of the form. Sign the form and return it to me. You may mail, fax, or bring the form to the office. **You must submit this form by the end of the next month or I will not reimburse you. For example, May's form must be submitted by the end of June.** If you call to confirm that I received your form, you will only receive a call if I did not receive your form. You should receive your reimbursement check within **30 days**.